

<b>Case Number:</b>	CM14-0063237		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/27/2010
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 35-year-old male with a 7/27/10 date of injury. At the time (3/31/14) of request for authorization for TGHOT (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) #3 tubes (each tube quantity unknown) and Compounded Topical (Flurbiprofen 10% with Cyclobenzaprine 10%) 180 grams (with 1 refill), there is documentation of subjective (neck, right hand, and low back pain) and objective (tenderness and spasm over the lumbar paraspinal musculature, decreased range of motion of the cervical spine, positive straight leg test, and positive Kemp's test) findings, current diagnoses (cervical spine disc syndrome and lumbar disc syndrome), and treatment to date (oral medications, topical medications, and epidural steroid injections).

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**TGHOT (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) #3 tubes (each tube quantity unknown): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that any compounded medications containing Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical spine disc syndrome and lumbar disc syndrome. However, TGHOT (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, and Capsaicin 0.05%) contains at least one component (Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for TGHOT (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) #3 tubes (each tube quantity unknown) is not medically necessary.

**Compounded Topical (Flurbiprofen 10% with Cyclobenzaprine 10 %) 180 grams (with 1 refill):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs and Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that any compounded medications containing Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical spine disc syndrome and lumbar disc syndrome. However, Compounded Topical (Flurbiprofen 10% with Cyclobenzaprine 10 %) contains at least one component (Cyclobenzaprine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Compounded Topical (Flurbiprofen 10% with Cyclobenzaprine 10 %) 180 grams (with 1 refill) is not medically necessary.